

Date rec'd: \_\_\_\_\_

# Pillsbury Free Library Volunteer's Application

Please take the time to tell us your PREFERENCES. We like our volunteers to be happy. If we have tasks for you, there will also be an agreement form.

1. Name:\_\_\_\_\_Phone(s) #\_\_\_\_\_

Address:\_\_\_\_\_

Email: \_\_\_\_\_

2. Previous relevant experience?\_\_\_\_\_

3. Reasons for volunteering? \_\_\_\_\_

### 4. Work Preferences

#### A. Physical activity level

Fine Visual Motor (filing, mending, typing)	YES	NO
Moderate Activity (reaching, bending, light lifting)	YES	NO
Minimum Activity (seated work)	YES	NO
Heavy Lifting (OVER 17 only) moving boxes, Furniture)	YES	NO

#### B. Scheduling

Regular schedule / Occasional / When called, for specific need

Expected times available (\* Preferences)

	Morning	Afternoon	Evening
Monday		-----	
Tuesday	-----	-----	-----
Wednesday		-----	
Thursday	-----	-----	-----
Saturday	-----	-----	

About how many hours do you want to volunteer?\_\_\_\_\_/wk or total

#### C. Types of work preferred

\_\_\_ Longterm project \_\_\_ Day to day projects \_\_\_ Some of each

D. Specific tasks (check any that interest you, put \* by preferences)

- |   |   |
|---|---|
| <input type="checkbox"/> Displays and posters     | <input type="checkbox"/> newspaper clipping project     |
| <input type="checkbox"/> Shelving materials       | <input type="checkbox"/> run DVD disk cleaner machine   |
| <input type="checkbox"/> Sorting/filing           | <input type="checkbox"/> Children's storytime           |
| <input type="checkbox"/> Making posters/ labels   | <input type="checkbox"/> Computer work                  |
| <input type="checkbox"/> New books (covers, etc.) | <input type="checkbox"/> Mending books/ materials       |
| <input type="checkbox"/> Change displays/decorate | <input type="checkbox"/> Booksale: sort / move books    |
| <input type="checkbox"/> Booksale: sell books     | <input type="checkbox"/> Preparing story time materials |
| <input type="checkbox"/> Bake for events          | <input type="checkbox"/> Other_____                     |

4. Is there any other information you feel we should know about you or the kind of work you can or can't do?\_\_\_\_\_

5. Who should we contact in an emergency?

Name\_\_\_\_\_Relationship\_\_\_\_\_ Phone\_\_\_\_\_

Doctor/Hospital\_\_\_\_\_ Phone#\_\_\_\_\_

Important medical information?



Application received (Date): \_\_\_\_\_ by: \_\_\_\_\_

Followup:

Call / in person date: \_\_\_\_\_ Agreement form completed [ ] date: \_\_\_\_\_

[ ] Background check or [ ] waived (reason): \_\_\_\_\_

Orientation:

[ ] confidentiality [ ] emergencies / safety issues

[ ] introduced to other staff [ ] break facilities (kitchen, bathrooms)

[ ] communication methods [ ] code of conduct